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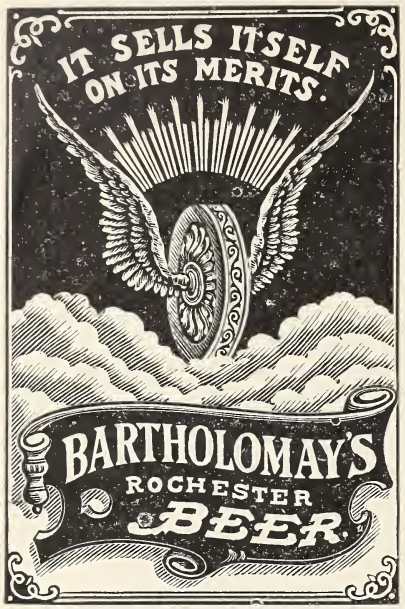

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MARYLAND
MEDICAL JOURNAL

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Original Articles.

THE TREATMENT OF SYPHILIS.

By Henry Alfred Robbins, M. D.,

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, DECEMBER 7, 1896.

SECOND PAPER.

IT seems as if material comes to us just when we want it. We were anxious to show you a case of maculo-papular syphiloderm and here you see it all over this quadroon girl, who is pretty and nineteen years old. There is a history of a sore on the genitals, which the girl says she noticed two months ago. Dr. Armine has called our attention to an indurated spot, located on the left labium externum. You feel also slight enlargement and hardness of the inguinal glands, just above Poupart's ligament. Feel above each elbow and you will find something that will roll under your fingers like little marbles. They are the epitrochlear glands. Her face alone seems not to blush with the eruption.

This patient reminds me very much of one that a brother practitioner sent me to see some years ago. He told me that he did not know what it was, unless it was a case of "erythema universale." It did itch, however, and very badly, too. That is not the case with a syphiloderm. There were no catarrhal symptoms and no typical tongue of scarlatina. I glanced around the room and saw on the washstand a black, shiny-looking thing, which had a very blunt-looking nozzle. Such an instrument is sometimes used for washing out ears. In close proximity there was a six-ounce bottle. It occurred to me that it might contain that good, old-fashioned mixture named after Washington's most intimate friend, the Marquis de la Fayette. I suggested that the patient had an attack of gonorrhea and that the eruption was a medicinal one, caused by the copaiba in the mixture. It turned out to be the case, and stopping the administration of the Mistura la Fayette, the patient made a rapid recovery, as far as the skin trouble was concerned.

The Marquis, however, is not responsible for the girl's eruption. Under specific treatment it will rapidly disappear. It is one of the most benign of the manifestations of syphilis.

We formally present to you for examination another girl, aged twenty years, whose skin is not so lily white. No white man's blood courses through her veins. In Vienna there is no mock modesty. It makes no difference as to the sex or age of the patient. When one appears a transformation act takes place and you behold a being as bereft of wearing apparel as Venus was, as she is represented on the big sea-shell, with nothing to cover her but her hair.

When I was in Paris I never missed going to the studio of an artist friend, which exactly resembled that of the studio of Du Maurier's friends "Taffy,

the Laird, and little Billee," when he was painting from "the altogether."

Now imagine that the girl is a black "Trilby." Do not look at her feet, because if you do the illusion is gone. Keep your eyes fastened on her arms and legs. You notice that there is a large collection of epidermic scales. They are dry and thick and of a dirty, grayish color. It is the papulo-squamous syphilide. There is only one skin eruption that you could possibly mistake it for and that is psoriasis. Some writers call it psoriasis syphilitica, but there is no such thing. Arsenic, in its effects, is magical in psoriasis. In this case you might give it in all its forms, but it would have no effect on this syphiloderm. Under specific treatment you will notice marked amelioration in a very short space of time. It belongs to the late secondary stage. You find a syphilitic history in this case, as far as enlarged glands are concerned, especially of the epitrochlear. The history of an initial lesion is sometimes very difficult or impossible to obtain, as you find in this case.

If hereafter you see much of this disease you will lose confidence in mankind.

We are not influenced by any false statements of any patient. Fortunately the disease is not in the air, as some would have you believe.

Then it makes no difference to us how any person was contaminated. We are here to recognize and treat diseases of the skin and to the best of our ability impart our knowledge to you.

How shall we begin treatment? That depends entirely upon the stage of the disease and the idiosyncrasies of the patient.

Let us give reasons for what we do and not go to work in a blindfolded, hap-hazard sort of way.

The two medicines that you have seen us prescribe so often are mercury and iodide of potassium.

The micro-organism of syphilis has not yet been discovered, but we know that the lymphatics have absorbed something, which, if left alone, goes on to multiply indefinitely, causing cell accumulations and connective tissue deposits. The various syphiloderms are manifestations. If the disease is not arrested in the secondary stage this process goes on, resulting in changes of the arteries and formation of gummata, not only externally, but in the vital organs. Later on I will report examples, as I have taken the trouble to study the subject and some of my writings have found their way into print.

The diagnosis of visceral syphilis is made, not from any particular symptoms, but a combination of many, going back, if possible, to a history of a chancre, occurring years before.

The object of treatment is to give something that will hasten the destruction and elimination of the poison and its products and that corresponds to the properties ascribed to only one drug and that is named after one of the mythological gods—Mercury.

This reminds me that years ago when the old-fashioned stages used to run up and down Broadway, New York City, a well-known physician crawled into the rear end of one and found seated there "a maiden fair but frail." He was invited to spend half an hour with Venus. The physician sighed at the moral depravity of the invitation and replied that half an hour passed with Venus means many months passed with Mercury.

The answer contained "more truth than poetry." You find a good many here passing their time with mercury, but as yet we have not had any "*Nymphs de Pave.*" The name venereal comes from Venus, "the goddess of love or pleasure." The sooner she is dethroned the better it will be for the world.

We do not propose, however, to take up the "social evil" question, only so far as to inform the public as to the danger of acquiring syphilis in an unmerited way.

Having decided to begin treatment with mercury, we at first think of the most convenient and acceptable way to give it to the patient and that is by the mouth. Before doing so we should make a careful examination of the buccal cavity and see if the teeth are in a

good condition. If not, send your patient to a dentist. Prescribe a tooth wash containing the tincture of myrrh. Forbid the chewing of tobacco. Remember that the favorite seat of mucous patches is in the mouth. Jullien says the history of an average case of syphilis may be summarized as follows: "A chancre, a transitory erythematous rash, and following this, mucous patches, relapses of mucous patches, more mucous patches." You know that the secretion of a mucous patch is in a high degree contagious. Next to the chancre it is the commonest source of infection.

I might as well state here, that nothing is equal to black wash (lotio hydrargyri nigra) either in full strength, or diluted with water, for the cure of mucous patches of the mouth, used as a gargle several times a day.

After attending to the cleanliness of the mouth, we give some form of mercurial pill. I am not going to burden your minds with a lot of formulae. Nearly every patient that you will have in private practice will show you several, which a physician or friend has given him I have had them presented to me for examination by former patients of physicians from Portland, Maine, to New Orleans, and across the continent to the Hot Springs of Arkansas, and San Diego, California.

Remember that in giving mercury it is your object to give the patient as much as can be absorbed, or as much as he can take, without injuring his general health. Look out for the symptoms of salivation, such as increased and thickened mucous saliva, pain felt on snapping the teeth together, a feeling as if the teeth were elongated, etc. Stop when the gums are slightly touched. If ptyalism does occur, give the saturated solution of the chlorate of potassium, every hour or two as a gargle, and a little to be swallowed.

You notice that we generally prescribe during the first year of syphilis the proto-iodide of mercury or the hydrargyrum cum creta; the latter is the form of mercury that is preferred by Jonathan Hutchinson.

We begin with one-fourth of a grain of the proto-iodide three times a day; if we do not see almost immediate good results, we give four, then two in the morning, one at noon, then two at night, then six a day, and so on until we have slightly touched the gums. Sometimes you will find that the patient will not get along well, until you add iron to the prescription. Such a one is recommended by Dr. F. R. Sturgis of New York, which contains two grains of blue mass to one of iron. It has an excellent tonic effect.

Some people can not take the proto-iodide of mercury without its producing colicky pains and diarrhea. I had such a case, a short time ago. When I discontinued it, and gave in place of it the tannate of mercury in one grain doses three times a day, it agreed perfectly with the patient. Since then I have prescribed it for several and with satisfactory results. The dose is from one to five grains.

How long shall we keep up treatment by this method? Formerly I kept the patient on a mercurial pill for one year or eighteen months. Now acting on the published recommendation of Dr. R. W. Taylor, at the end of six months, I give the patient a period of rest. That is, I give the pills in as large doses as he can absorb for twenty days and stop ten. If all goes on well, then at the end of a year, and during six months, I give the drug for fifteen days, and stop fifteen. During the intervals I give freely of tonics. Lately I have alternated this treatment with the inunction method, which I will explain to you on another day.

At the end of a year and a half, I give what is called the "mixed treatment." That is a combination of mercury and iodide of potassium. There is a great difference of opinion in relation to the action of this combination. The object of treatment is to destroy and eliminate from the system the products of the syphilitic virus. Perhaps mercury is the destroyer, and the iodide of potassium removes the debris.

As good a prescription for the mixed treatment as you can find is the renowned "Sirop Gibert." Its value has

added to the reputation of a famous syphilographer, and it is still often prescribed at home and abroad.

℞.—Hydg. biniodid. . gr. j
Potass. iodid. . ʒ j
Aquae . . . f ℥ j
Filter through paper and add
Syrupi Simplicis. . f ℥ v
M. Sig. A tablesponful three times a day.

The mixed treatment is also given in tablet triturate form. This treatment we continue for twenty days, and then give ten days' rest. During the third and fourth years of the disease we give the patient a rest from treatment of one, and sometimes two, months if there is no symptom of the disease present. Really, at this age of syphilis, you have to deal with the sequelae of the primary and secondary stages, and now it is the time when the iodide of potassium is your sheet anchor.

If syphilis had not been properly treated, there comes a day of reckoning, and the victims of the disease (and ignorance somewhere) are attacked with apoplexy, albuminuria, heart disease, etc., when in reality they are dying from the structural changes of syphilis, which proper treatment would have eliminated.

Many years ago I had the honor of walking the wards of Guy's Hospital, under the tutelage of that great physician Dr. Samuel Wilks, who still lives enjoying the honors of a long and distinguished career. In 1886, Dr. Wilks, in a lecture on "Medical Treatment," said: "I think I can show how an improved treatment has come about, not by the discovery of new drugs, but by a better knowledge of the nature of disease, and by clinical observation. Thousands of persons are now cured of epilepsy, paralysis and various other nerve disorders by means of iodide of potassium, and why? Because syphilis was found to attack the brain and internal organs, when a more extended and closer observation of morbid structures was begun to be made in the post-mortem room. Let me most emphatically dwell upon this point, that an improved treatment saving thousands of lives annually arose, not from the discovery of a new drug, but from work in the dead-house."

At the conclusion of our next service, I will continue the subject of iodide of potassium. How it should be prescribed with care. Its dangers as well as virtues. Then we will go on to other methods of treating syphilis.

THE CAUSES OF APPENDICITIS.

Some points of interest as recorded in the *Lancet* in connection with the pathogeny of appendicitis were discussed at a recent meeting of the French Société de Chirurgie. The view of M. Dieulafoy, that the disease is a consequence of constriction with closure of the appendix and the consequent retention of morbid material within it, did not find much favor.

On the contrary, several speakers referred to the frequent existence of this condition without appendicitis, and at the same time mentioned cases in which they had found a perfectly permeable appendix to be the seat of inflammation.

The general opinion of those who took part in the discussion was that appendicitis is usually only the local expression of a more or less general enterocolitis. The theory of M. Reclus is worth quoting as a more detailed statement of these opinions. According to him the problem of causation is capable of a double solution—(1) as being related to the presence of an actual foreign body in the appendix, a condition of course hostile to spontaneous recovery, and (2), as explained by a "theory of stagnation." This view regards the appendix and in a less degree the cecum as diverticula which readily allow the accumulation within them of organic fluids, these in turn becoming the seat of fermentative changes. Inflammation follows as a natural consequence. In this comprehensive and moderate statement we shall probably find the nearest approach to explanation of a malady the clinical aspect of which is, as a rule, sufficiently obscure.

THE ABUSE OF SURGERY.

PARIS DOCTORS UNDER ARREST; INTERPOSITION OF AN ENGLISH JURY IN A CASE OF OVARIOTOMY.

By C. W. Chancellor, M. D.,

United States Consul at Havre, France.

In an article published in the JOURNAL of the 3rd of October, 1896, on "The Abuse of Surgery," it was shown that recent exposures of Parisian ovariotomists were only too well founded, and that filthy lucre proved the bane of not a few weak members of an honorable and honored profession; but sufficient for the day are the sensations thereof.

Two well-known Paris physicians have just been charged with a crime of the most startling character. Dr. Boisleux and Dr. de la Larrige are the two physicians. The former, a specialist in gynecology, performed and the latter assisted at an operation on Miss Thomson, a young unmarried English woman, who had been betrayed by a married man, Monsieur Mausey, president of "The Artistic and Literary Society of Paris," who has since committed suicide.

Dr. de la Larrige, whose brother is an officer of high rank in the French army, has made the following statement: "M. Mausey, whom I had known for some time past, came to me about five weeks ago, accompanied by Miss Thomson, whom he introduced as a person in whom he took great interest. He was, he told me, bringing a friend to a friend for advice. Miss Thomson complained of pains in the stomach. I examined her and judged that she was suffering from an endometritis which a very simple operation would suffice to cure.

"As I devote myself chiefly to diseases of the respiratory organs, I advised M. Mausey to take Miss Thomson to a specialist on gynecology, and gave him the address of Dr. Boisleux, 58 rue de l'Arcade. M. Mausey and Miss Thomson came again to see me on Sunday, November 21. They had been to see Dr. Boisleux, and now came to ask me to obtain a special fee in their favor. I saw Dr. Boisleux, who agreed to perform the curetting operation required for five hundred francs. The next Monday Miss Thomson went to Dr. Boisleux's maternité, and at nine o'clock the same morning, the latter began the operation. Another doctor, an American, whose name I do not remember, and myself assisted him.

"In the course of the operation Dr. Boisleux discovered, with terror, that Miss Thomson was two months *enceinte*. Very naturally this aggravated the condition of the patient, and the ensuing Wednesday Dr. Boisleux performed laparotomy in the presence of his two colleagues. This difficult operation apparently succeeded, but on the following Friday, Miss Thomson succumbed to an inflammation which ensued."

It is worthy of note, especially in view of the foregoing declarations, which reduce the part played by Dr. de la Larrige in this sorry drama to slight importance, no warrant for his arrest has been issued, but he is simply "detained" *maintenu à la disposition du parquet*, to quote the French phrase. Dr. Boisleux was immediately placed under arrest bnt the American physician, spoken of by Dr. de la Larrige as being present, is unknown to the authorities or, at least, *non est inventus*. He was no doubt only "a looker-on in Vienna;" but if it is all a mistake, and justice should have taken a wrong track, why does he not come forward and speak for the honor of his colleagues and profession?

That "doctors differ" is an aphorism, but the extent to which they do so, apart altogether from diagnosis and prescriptions, is shown in a side-issue of this case, which has been so prolific in

developments. Dr. Boisleux belongs to the "Syndicat Général des Médicins de Paris et du Department de la Seine." This body met on Saturday last, December 6, and voted an order of the day defending, on scientific grounds, the imprisoned physician, expressing a high opinion of his disinterestedness and science, and refusing to believe in the possibility of his being guilty of the charge brought against him.

Thereupon another medical association, the "Syndicat des Médécins de la Seine," issued a note to the effect that it had no connection with the first mentioned organization, and that it had not discussed the case of Dr. Boisleux. To add to the embroglio, Dr. Cornet, president of the first named association, accuses the Paris faculty of being hostile to private clinics like that of Dr. Boisleux's, while Professor Brouardel, president of the other association who made the post-mortem in the case of Miss Thomson, denies emphatically that any such hostility exists.

THE ENGLISH CASE.

The verdict of a jury in a medical case which has just been decided in the Queen's Bench Division of the London courts, before Mr. Justice Hawkins and a special jury, seems to make very nearly absolute the discretion of doctors in the matter of ovariotomy. There was indeed some conflict of evidence in the case. The plaintiff alleged that she expressly objected to the more serious operation; the defendant that, tacitly by her own conduct and indirectly through another doctor, she consented to it. This much, however, seems to have been common ground—namely, that she did not desire, and did not expressly consent to, the operation which, in fact, was performed. She consented, it appears, to the milder operation; but did not wish the severer to be carried out.

The surgeon himself, in his own evidence, showed that he was well aware of this, for when in the course of the operation he found that the severer one would in his judgment be desirable, he stopped to consider, and after consideration decided on over-riding the patient's wish in the interest of her health. The judge and jury felt no difficulty in deciding that he was right; from which decision it seems to follow that those who submit to the surgeon's knife must trust him all in all or not at all.

The case was an action in which the plaintiff, a professional nurse, claimed damages from the senior obstetric physician of St. Thomas Hospital, London, because, she alleged, he had performed a series of operations upon her contrary to her express direction. On the other hand, it was said that the operation was a necessary one, and that the patient placed herself entirely in the hands of the surgeon, and had, to an under officer of the hospital, consented to the operation being performed.

The plaintiff stated that she had only consented to the single operation (the removal of one ovary) being performed on condition that there should be no double operation, and that the surgeon consented to that. To this he replied: "I know your wish. You may be sure that I shall not remove anything that I can save." With this understanding she got on the operating table, lay down and took the anesthetic.

In reply to this the surgeon testified that the operation as performed was absolutely necessary in the interest of the plaintiff and for the preservation of her life. Continuing, he said: "When the operation had been partly performed he saw further the condition of the patient and said, 'Considering the patient's wish, this case involves serious complications and I shall have to consider a bit.'" One of the persons who were in the room suggested that as the plaintiff's sister was outside the room it might be a way out of the difficulty to speak to her, to which the surgeon replied: "No; I have taken the responsibility of this operation, and I must accept it wholly. I do not think it would be fair to put any part of it upon the patient's sister. I have been performing operations for twenty-five years, have performed some six hundred operations and two hundred and fifty of them were operations of this nature."

The surgeon further testified that he

attended the plaintiff for a week after the operation. She asked him what operation had been performed, and when he told her she became excited, lost control of herself, screamed and applied opprobious names to him. She had to be removed into a ward where she would be by herself. This, he said, was for the sake of the other patients. He denied that he was, as alleged by the plaintiff, unkind to her during the week he attended upon her, and that he threatened to put her into a lunatic asylum.

Several physicians testified that from what they had heard of the case the operation was necessary for the good health of the patient, after which the jury interposed, saying they were agreed upon a verdict adverse to the plaintiff. Counsel for the plaintiff said: "All that I can say is that my client is very anxious that the case should continue until it shall come to its natural termination," to which the justice replied, "If the jury say that they have made up their minds, with all the experience I have had, I do not think it is likely you can change that. The cost of another day's trial is a very serious matter to the defendant; to the plaintiff it does not matter, for other people are paying her expenses." A verdict was thus given for the defendant.

As to the soundness of the verdict, it is quite in keeping with that rendered against the unfortunate Mrs. Castle by an English court a few weeks ago. Of course, there may have been exceptional circumstances in this particular case which inclined the jury to take the view they did. But looking at the general issue involved we do not find the question very simple. We can appreciate the surgeon's position.

His reputation may be at stake in such cases; and if he does not do what he believes necessary to the patient's health or life, then, and in the event of any untoward issue, he would feel himself to blame.

But, on the other hand, ought not a patient to have the right of deciding for himself or herself, "thus far and no farther?" After all, this patient's life was her own affair and there is apparently no reason why she should be compelled by the surgeon's decree, "for the sake of life to lose what makes life worth living."

Perhaps, however, the case decided by Mr. Justice Hawkins and the English jury does not go quite so far as maintaining this proposition. But what seems clear is that any patient in similar circumstances will do well in future to set out precisely beforehand, in black and white, the conditions and limits of the operation to be performed. The uncertainty which admittedly enveloped the case in question is unfair to both patient and doctor.

PLAGUE IN BOMBAY. CHOLERA IN SINGAPORE.

European papers recently published important dispatches from Bombay and Singapore regarding the plague and cholera. At Singapore the plague has not yet made its appearance, but the cholera has broken out with considerable violence. At Bombay the plague has already killed eight hundred people and the situation is very alarming.

The outbreak of these two dreaded diseases in the east at this season and the almost certainity of their reaching Europe early in the spring has come with all the shock of surprise and naturally imposes heavy responsibilities upon the public authorities, both here and in our own country. The records of accurate and intelligent observations carried on in reference to the outbreaks and progress of cholera during the last few years offer invaluable data to the students of epidemics.

They do not, it is true, teach us anything which we did not know before, and that is, perhaps, not the least satisfactory feature about them. They simply confirm with a terrible impressiveness conclusions to which science had already come. They warn us that the neglect of certain rudimentary laws of sanitation may suddenly work wholesale destruction under unfavorable conditions and they show that it is still possible for the member of a community to persevere in such neglect until the time

for prevention has gone by and the enemy is already raging and doing harm in their midst.

But what is the use of interminable, wire-drawn disquisitions on this or that heroic operation, this or that bacillus, when communities fly persistently in the face of those all-important laws, the discovery of which constitutes the real advance in medicine made by our age. Municipal authorities never do move in these matters until they are compelled, and to a certain extent they are right, for public money is involved and that should not be spent without a clear case. It must, therefore, be left to the press to supply the necessary compulsion in the public interest and in matters of sanitation that duty falls especially on the medical press.

AN INTERESTING CASE OF NERVOUS ANACIDITY.

By Moses Savage, M. D.,
Attending Physician to the Department of Practice of Medicine, City Hospital Dispensary, Baltimore.

CASES of nervous anacidity are not unusual, but the occurrence in a lad of sixteen years is rather a curiosity. I therefore report this case as being of considerable interest.

H. E., aged sixteen years, whose mother and sister are very neurotic, had been complaining for three years with a train of nervous and dyspeptic symptoms, indefinite pains of a neuralgic character and general depression. Often he suffered from colicky pains in the hypogastrium, lasting about an hour and usually relieved by relaxing the abdominal muscles. He had a distaste for meat.

Two weeks before I first saw him he had been troubled with colicky pains, soreness in chest, bad taste in mouth, hawking and spitting in the morning, headaches and nervousness.

He had a chronic naso-pharyngitis; heart and lungs normal. He exhibited an extreme neurotic disposition and exaggerated his troubles. I put him under various stomachic tonics, changing from one to another, and have almost exhausted my knowledge of the materia medica for such cases, with the result of either partial, temporary relief or complete failure.

On the 5th of December there was practically no improvement. He complained of thoracic oppression, soreness in the chest (probably intercostal neuralgia), chilliness, flushes of heat and general depression. Whilst he told me that his appetite was poor, his parents maintain that it was rather excessive and that he worries them considerably by claiming that he was seriously ill.

December 22. Patient claims that he does not feel any better, is troubled with oppression, cannot take a full breath and is low-spirited. Examination of his gastric contents showed entire absence of free hydrochloric acid; total acidity 2.0; contents badly digested and no mucus. He was given diluted hydrochloric acid, five drops, three times a day. For a whole week after he had profuse nightsweats.

January 5. No improvement. Examination of the gastric contents again demonstrated the absence of free hydrochloric acid; total acidity only 1.5; no mucus.

January 24. Third examination: No free hydrochloric acid; total acidity 2.0; no lactic acid; pepsin ferment normal; rennet zymogen $\frac{1}{100}$; no mucus.

The absence of mucus in the gastric contents and the manifold nervous symptoms leave no doubt but that this is a case of pure neurosis, gastric catarrh being entirely excluded. This case is of interest in showing how a nervous condition may entirely abolish the secretion of the hydrochloric acid of the gastric juice. In this condition, as has been shown by Boas and Julius Friedenwald, the rennet ferment and its zymogen are present in normal proportions.

It is also interesting from the fact, as has already been stated, that the condi-

tion was present in a lad of but sixteen years.

I am indebted to Dr. J. Friedenwald for his aid in the publication of this communication.

(Boas: "Allgemeine Diagnostik und Therapie." 3. Auflage. S. 190. Julius Friedenwald: "The Quantitative Estimation of the Rennet-Zymogen." *Medical News*, June 22, 1895.)

Medical Progress.

REPORT OF PROGRESS IN DISEASES OF THE EYE AND EAR.

By Hiram Woods, Jr., M. D.,
Clinical Professor of Eye and Ear Diseases, University of Maryland; Surgeon at the Presbyterian Eye, Ear and Throat Charity Hospital, Baltimore.

AND

E. E. Gibbons, M. D.,
Assistant Presbyterian Eye and Ear Hospital.

—

GLAUCOMA IN RELATION TO GENERAL PRACTICE.

THIS is the subject of a paper in the *Southern Medical Record* by Alexander W. Stirling of Atlanta, Ga. Glaucoma is to the ophthalmic specialist a most interesting disease. It is interesting to him because, from the remotest times into which the history of medicine can carry us, down to the present day, it has been a subject of difficulty and discussion; because there is probably no other ocular disease, a proper understanding of which has been so dependent upon a clear grasp of true physiological process within the eye, and whose development has followed so closely upon these; because it is a morbid process of such relentless nature that, once established, if uncombated, it seldom or never relinquishes its deadly progress until the eye and in the majority of cases, both eyes, are quite disorganized, and, as if not content with their destruction, it frequently continues to torment its victim with such pain that he urgently calls for removal of the globe.

As in all diseases whose progress is attended by unalterable organic change, the early period, that in which the general practitioner is usually consulted, is the hopeful one for treatment.

It is a common experience to meet with no inconsiderable number of cases of glaucoma in which its peculiar symptoms have led astray both patient and practitioner to such an extent that an eye has been either lost or been greatly damaged. It is also easy to diagnose glaucoma, if its possible existence be kept before the mind in the presence of certain symptoms which tend rather to draw the attention from, than to, the eye. The eye is less likely to be overlooked in the chronic forms than in the more acute.

The eye is an organ whose sensitive nerve supply constitutes a portion of a nervous trunk which sends branches to a great part of the same side of the head and face, and has close central relationship with other nerves proceeding to different parts of the body. Given a great irritation of the ocular portion of the trigeminus, its action is apt to be transferred to some or all of the remaining sensory fibers of the nerve, with the result that the pain originating in the interior of the eye is felt with equal severity elsewhere; teeth, forehead and ear. It is thought to be toothache, rheumatism, neuralgia or even erysipelas. When associated, as it not unfrequently is, with vomiting, it is called migraine. Such illusions are still more probable and the physician less likely to correct the patient, when the pain extends still further and is felt in the region of the shoulder.

In "simple" or very mild chronic cases a gradual diminution in visual acuity is the main cause of complaint, and the attention is not likely to be diverted from the eye as in acute cases. On the other hand, error may arise in diagnosis, first, on account of this mildness, for in an eye which presents to outward inspection little deviation from the normal, the proper appreciation of the case is not unlikely to be postponed or altogether overlooked. From the most insidious and quietest, with little or no sign of inflammation, and taking perhaps years to develop, there is an unbroken chain of connecting cases extending to the most sudden and severe form, attended by excruciating pains

and producing blindness in a time, limited to hours or even less. Though the chronic form should also be borne in mind, the typical symptoms of glaucoma for which we should be on the outlook are chiefly—besides impaired vision, pain in eye, head and face, halos or rainbows seen by the patient, round artificial lights, a variable amount of congestion of the eye and haziness of the cornea ; a diminution in the distance between the cornea and the iris as compared with the healthy eye, an enlarged pupil, comparatively irresponsive to the stimulus of light, in which may often be observed the greenish coloration, not, however, peculiar to glaucoma, but from which the disease originally took its name and most important of all, a heightened tension of the globe, felt when it is palpated, through the upper lid, between a finger of either hand, the patient looking down.

Difference in eye tension is always pathological. Every medical man should make himself familiar—a simple matter —with normal, in order to appreciate abnormal, tension. It is the belief most generally accepted, that even in chronic cases in which it is sometimes hard to distinguish increase of intraocular pressure, the latter is yet the *fons et origo* of all that makes glaucoma. It is evident that just a certain quantity of fluid in the eye, no more and no less, will suffice to keep the tension normal ; too little, and the eye will tend to become soft, wrinkled and collapsed ; too much, and the delicate structure of its interior will be stretched, compressed and injured.

In considering the question of intraocular pressure it is at once evident that an excess of fluid may exist within the eye because too much has entered it, because too little has left it, or from a combination of these causes. Mackenzie of Glasgow was the first to observe increase of tension, and in 1830 he showed its connection with glaucoma in his famous work on diseases of the eye. Advanced age and smallness of the eye are separately predisposing causes of glaucoma and in a large majority of cases these are found combined. It will occupy only a moment to consider how fully an increase of intraocular pressure can account for all the symptoms. Pressure on the sensory nerves of the eye and transference of the sensation to other branches of the same nerve or to other nerves cause pain in the eye and elsewhere. Pressure produces the halos or rainbows through edema of the cornea, the result of interference with circulation, which corneal haze, along with the effects of pressure on the main trunk of the optic nerve, as well as on the nervous and vascular structure of the retina and choroid, accounts for the diminished visual acuity, acting upon the veins in their passage through the ocular walls the pressure produces the pink zone of enlarged, vicariously employed vessels, seen around the cornea.

We have noticed how the anterior chamber is shallowed, an explanation which holds good also for the large and more or less immobile pupil, while of the internal changes in the eye, the only one which need be mentioned is the well-known glaucomatous cupping of the optic disc, the weakest part of the walls and that which first or alone gives way and yields outwards before the pressure, from which ultimately results a true and incurable atrophy of the nervous filaments. As regards treatment, the author warns against the indiscriminate use of mydriatics, especially atropine and cocaine, in affections of the eye. Glaucoma has often resulted from the use of belladonna, and is almost always accentuated by it ; in most ocular diseases it is harmful and the non-specialist would do well to cut this drug from his list in ophthalmic practice, except when convinced that he is dealing with an uncomplicated inflammation of the cornea or iris. On the other hand, he has in myotics, and notably in eserine and pilocarpine, a fairly certain means of temporarily benefiting many cases of glaucoma and so saving valuable time until the most suitable method of treatment can be decided on.

The author concludes with a few words about the differential diagnosis of glaucoma. The injection of the

white of the eye in ordinary uncomplicated conjunctivitis is limited to the conjunctiva, and the engorged vessels move along with that membrane when it is rubbed over the sclerotic. The pupil is also unaffected.

The glaucomatous corneal haze might, on a hurried examination, be mistaken for superficial or interstitial keratitis, but the real corneal difference, the normal tension and condition of the pupil, which is apt to be contracted in corneal inflammation, should be sufficient guides.

In iritis there may be slight increase of tension, but the pupil is contracted and the iris tissues are changed in color and texture, while the anterior chamber retains its normal depth. Evidences of adhesion between the lens capsule and iris on dilatation of pupil will confirm the diagnosis.

POST-NASAL ADENOID HYPERTROPHY, WITH ESPECIAL REFERENCE TO THE IMPORTANCE OF ITS EARLY RECOGNITION BY THE FAMILY PHYSICIAN.

In an interesting paper in the *Laryngoscope* for July, 1896, Dr. J. E. Schadle of St. Paul, Minnesota, discusses post-nasal adenoid hypertrophy. Post-nasal adenoid hypertrophy is a disease of the naso-pharynx, a cavity embodying important anatomical and physiological relations as the mechanism of respiration and audition. Communicating with the nose, throat and ears and contributing to their functionary powers, the abnormal naso-pharynx exercises morbid influences over these associated cavities, which impair their usefulness and not infrequently produce organic changes. The disease is one peculiar to childhood. It prevails in all countries (Meyer). The physician who assists at the infant's birth and prescribes for it through its early life should especially be able to recognize this abnormal condition of the post-nasal space, for undoubtedly to adenoid vegetations are due many of the nervous and nutritive disturbances of the young.

During the past fifteen years nose and throat specialists have been the only contributors to the literature of the subject, and none will question the benefit humanity is deriving from their work along these lines. In recognition of this fact a forcible argument is furnished in the present movement among laryngologists to raise funds for the purpose of erecting a monument to the memory of Dr. Wilhelm Meyer of Copenhagen, to whose investigations and teachings we are indebted for much of what is now known of the malady. Post-nasal adenoid hypertrophy is not infrequently attended by serious and formidable consequences. Prominent among these is obstruction of the nose. Through respiratory interference deficient oxygenation of the blood results, establishing a process of carbon dioxide poisoning, impairing nutrition and inducing anemic conditions from which recovery is sometimes protracted, even after the function of nose-breathing has been fully restored. The cause of chronic otorrhea in the child in the majority of cases can be found in the existence of adenoid vegetations. Inflammatory states of the tissue, brought on by exposure to temperature changes or to the exanthematous diseases, generally give rise to catarrhal disease of the middle ear, which may eventuate into a persistent otorrhea or mastoid complication. They also prevent perfect ventilation of the drum. Defective hearing in the young wholly depends on this condition.

Laryngismus stridulus, or spasm of the larynx, an affection which suddenly manifests itself in the night, causing alarm and disturbing the child, is, no doubt, an effect of the occlusion of the nose, the larynx becoming hyperemic, dry and irritable in consequence of mouth-breathing. Choreiform movements of the soft palate have been, in a few cases, a reflex phenomenon of the post-nasal vegetations. Alterations of the voice and laryngeal, bronchial and nasal catarrhal inflammations may arise from the same source and produce an infinite amount of annoyance. Atrophic rhinitis, I believe, is often superinduced by the disease when the systemic conditions are favorable. Thoracic deformity and imperfect pulmonary aeration are frequent damaging

consequences. Wry-neck has been traceable to its reflex cause to adenoids. Nocturnal incontinence of urine is an occasional accompanying occurrence. Not only the physical, but also the mental, growth of a child is retarded. Instances in which through the agency of inheritance the tuberculous or scrofulous taint is present, the consequences are serious and the struggle for existence difficult.

Children afflicted with adenoids and allowed to go on without obtaining relief are certain to fall below that measure of health and strength to which they would else have attained. They grow up sickly and feeble and the event is looked upon as a visitation of Providence. The severer forms will tell on their whole future existence—growth will be stunted, energy will be deficient, maturity will be less vigorous than it ought to have been and success and happiness in life will be hindered. Their ultimate physical powers and their efficiency as men and women will inevitably be more or less diminished by it.

Can all this consequent injury be obviated? It can by an early recognition and removal of the trouble. Due either to ignorance, negligence or prejudice, very generally the family physician himself is responsible for the development of the disease whose effects we see are mischievous and far-reaching. To advise that the child will outgrow the difficulty is criminal, though it be known that after the period of adolescence atrophy of the gland may take place. The lymphoid mass, also known as the pharyngeal or "third" tonsil, when microscopically examined, is found to be a retiform network of connective tissue, which is filled with lymph corpuscles. The growths are richly supplied with blood-vessels and are covered with ciliated epithelium, resembling more or less the mucous membrane from which they take their origin. The clinical signs or physiognomy of post-nasal vegetations are characteristic and unmistakable. The open mouth, the pinched nose, the drawn-down inner canthi, the elevated eyebrow, the corrugated skin of the forehead, the distorted chest, the apparent mental deficiency, the altered or "dead" voice and the defective general development, evidence the presence of the trouble. Some one has said "It is babyhood that has made man what he is." This important period of life should then be respected and the infant struggling for existence should have all avoidable obstacles removed which may tend to interrupt the process of development. Occasions sometimes present themselves when the child at its mother's breast is unable to perform the function of taking food, in consequence of the embarrassed nasal respiration dependent upon the presence of post-nasal vegetations. The medical adviser, under such circumstances, should look beyond the frenum of the tongue for the cause of the impediment.

By posterior rhinoscopy, or by the insertion of the forefinger into the post-nasal space, the diagnosis is easily made. Seen by the aid of the mirror, various forms of the growths appear. Not infrequently they are observed to obscure the greater part of the posterior nares, septum and Eustachian tubes. A single growth or red lymphoid mass hanging down from the vault of the pharynx is all that can be seen in most cases, while others consist of excrescences, aggregated or separated, covering the roof. In the examination of children the employment of the mirror is not at all times practical. When this is the case, no better method than the use of the index finger presents itself.

When touched, the sensation has been described as that of a "bag of worms," which, on manipulation, is frequently followed by slight hemorrhage. The treatment is surgical, differing only in the methods employed. When feasible, excision should be done under illumination, because the outlines of the tumors are thus brought into view, whereby the operator is enabled to use his instrument with greater precision. Should it be a snare, the adjustment of the wire loop around the mass is made more easy; a post-nasal cutting forceps, the adjacent structures remain uninjured;

or a curette, the mucous membrane of the posterior wall of the naso-phanynx escapes being stripped from its attachment, a circumstance liable to occur when the operation is in the hands of a novice. Cocainizing the parts and drawing forward the soft palate with either hook or tape, the operation is made both easy and satisfactory. If, owing to nervousness or fear, the patient is not able to co-operate with the surgeon, then a general anesthetic (chloroform being preferable) should be administered. The anesthesia should not be carried to complete narcotization, for the reason that the laryngeal reflexes ought to be preserved in order to obviate serious trouble which might come from blood or other foreign matter finding its way into the larynx. The patient with gag in mouth is now placed on the operating table, face downward and head inclining over its edge.

This position allows gravity to take care of the blood, the flow of which for the moment is profuse, by causing it to escape from the nose and preventing its diversion toward the throat or stomach. Observing thorough asepsis of the hands and having the nail neatly trimmed to an oval point, hardened by previously immersing it for a few minutes in alcohol, the forefinger of the operator is introduced into the post-nasal space, care being exercised at the same time that the soft palate is not rolled up in front of the finger and bruised. Commencing in the median line of the vault at the septum, and gradually working to either side, the growths are detached and broken up. If thoroughness is practiced, relief is sure to follow. Occasionally it happens that a second attempt at removal with the finger nail is required, especially when the vegetations are largely composed of connective tissue. Infants whose sensibilities are not acute do not need an anesthetic, because the lymphoid nodules can be readily detached without producing much discomfiture. But little after-treatment is necessary. It should be noted that in children in whom the adenoids are large and the accompanying symptoms pronounced, complete recovery may be slow. The open mouth may remain so, or for an indefinite period at least, in consequence of the apparent paresis of the orbicularis oris muscle.

* * *

Fishbones in the Pharynx. — Dr. M. F. Weyman gives in the *Medical Herald* the following directions for removing fishbones from the pharynx.

1. Fishbones, which become fixed in the pharynx, almost invariably insert themselves in the lateral walls of the pharynx, a little above the aryepiglottic fold.

2. They are usually thin short bones with sharp ends.

3. They are usually deeply driven into the tissues.

4. Inspection by means of the laryngoscopic mirror is not, as a rule, successful.

5. They should be located by digital examination, the throat having been rendered insensible by cocaine.

6. The easiest way of extraction is by means of a Toynbee polypus forceps (or a forceps of a similiar curvature), the point of which should be guided along the index of the exploring hand, the tip of that index to be in touch with the foreign body.

7. After extraction of the bone, the sensation of the presence of a foreign body may persist, but disappears usually after twenty-four hours.

8. The location of the bone can ordinarily be pointed out by the patient by a point of tenderness on the skin and opposite the injured internal area; this spot lies immediately below the angle of the lower jaw, the place indicating at once on what side the bone must be looked for.

* * *

The Japanese Intestine.—Finding rice was better utilized by the Jap than the European, says the *Medical Recorder*, it occurred to Dr. Scheube of Kioto that some radical difference in the intestinal anatomy might supply the explanation. Professor Taguchi, after measuring the intestines of twenty-five cadavers at Tokio, now asserts that, after making proper deductions for variations in stature, the Japanese intestine is one-half longer than that of the European.

MARYLAND

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BALTIMORE, FEBRUARY 13, 1897.

The Sanitary Conference.

THE Conference of Health Officers from Baltimore and all parts of the State to be held next week promises to arouse general interest and to give practical results. The idea of this work grew out of the Committee of Hygiene, of which Dr. Edward M. Schaeffer is chairman, appointed by the Faculty, and the State Board of Health, which has done such active work of late.

The programme, which is full and varied, will attract a large number of persons, both lay and medical, and the discussions will probably enlighten the dense ignorance which still prevails in some parts of the rural districts and which has been the cause of the spread of such diseases, especially diphtheria and typhoid fever. The programme, which may possibly be slightly varied during the session, is about as follows:

Conference of Health Officers, February 17 and 18, 1897, in the Hall of the Medical and Chirurgical Faculty of Maryland, 847 North Eutaw Street, Baltimore.

Programme, Wednesday, February 17, 1897. Day Session, 11 A. M. to 3 P. M. His Excellency, the Honorable Lloyd Lowndes, Governor of Maryland, Honorary Chairman. Invocation, Most Reverend James Gibbons, Cardinal and Archbishop of Baltimore. Address of Welcome, Dr. Wm. Osler, President of the Medical and Chirurgical Faculty. Acknowledgement, Dr. S. Chase de Krafft, President of the State Board of Health.

Vital Statistics: 1. Paper, Dr. John S. Fulton, Baltimore; 2. Paper, Dr. Charles S. Mattfeldt, Catonsville; 3. Paper, Funeral Regulations for Rural Districts, Dr. Joseph R. Huntt, Laurel; 4. Should Physicians be Paid for Returns of Births, Deaths and Diseases? Dr. George H. Rohé, Sykesville. Discussion.

Evening Session, 8 P. M. to 10 P. M. Honorable Harry M. Clabaugh, Attorney General of Maryland, Presiding.

Diphtheria: 1. Bacteriological Demonstration of Diphtheria, Dr. William Royal Stokes, Baltimore; 2. Clinical and Bacteriological Diagnosis of Diphtheria, Dr. Wm. H. Welch; 3. Personal and Domestic Prophylaxis, Dr. John D. Blake; 4. Quarantine, Isolation and Disinfection, Dr. James F. McShane; 5. Relation of Schools to Spread of Diphtheria, Dr. John S. Fulton. Discussion.

Second Day Session, 11 A. M. to 3 P. M. Thursday, February 18, 1897. Dr. D. C. Gilman, President of Johns Hopkins University, Presiding.

Typhoid Fever: 1. Demonstration of the Pathology and Bacteriology of Typhoid Fever, Dr. Simon Flexner, Baltimore; 2. Demonstration of the Bacteriological Examination of Water, Dr. Wm. Royal Stokes, Baltimore; 3. Demonstration of the Chemical Examination of Drinking Water, Prof. W. B. D. Penniman, Baltimore; 4. The Diagnosis of Typhoid Fever, Dr. Wm. Osler, Baltimore; 5. Typhoid Fever in Chestertown, Dr. W. Frank Hines, Chestertown; 6. Sources and Spread of Typhoid Fever in the Country, Dr. Thomas B. Owings, Ellicott City; Sanitary Survey of Towns and Villages for the Prevention of Typhoid Fever, Dr. James H. McCormick, Gaithersburg; What the Country Doctor Can Do to Prevent Typhoid Fever, Dr. August Stabler, Brighton; 9. Water Supply and Sewerage, Dr. James F. McShane. Exhibition of Charts and Diagrams. Discussion.

The Members of the Conference are invited, after adjournment, to lunch at the Baltimore Medical College. The use of the laboratories and the services of the demonstrators are offered to those who wish to repeat any observations made at any session of the Conference.

* * *

The Faculty Library.

THE Frick and Johnson endowment of the Faculty Library has enabled the library committee of the Faculty to buy many new books and also to add complete sets of important works. The following have been put on the shelves in the past few weeks:

Musser, J. H., Medical Diagnosis; Wood, H. C., and Fitz, R. H., Practice of Medicine; Tyson, J., Practice of Medicine; Foster, F. P., Reference Book of Practical Therapeutics; Knight, G. D., Movable Kidney and Intermitting Hydronephrosis; Balley, J. B., Diary of a Resurrectionist, 1811-1812; Cabot, R. C., Clinical Examination of the Blood; Treves, F., and Lang, H., German-English Dictionary of Medical Terms; Brockbank, E. M., On Gall-Stones; or, Cholelithiasis; Dalby, Sir W. B., Aural Surgery; Foxwell, A., Enlarged Cirrhotic Liver; Goodall, E. W., and Washbourn, J. W., Manual of Infectious Diseases; West, C., Profession of Medicine; Its Study, Practice, etc.; Billroth, T., Briefe; Ziegler, Text-Book of Special Pathological Anatomy; Translated and Edited by D. MacAlister and H. W. Cattell; Ziegler, E., General Pathology; Twentieth Century Practice of Medicine, Vol. X. Diseases of the Nervous System; Busey, S. C., Souvenir, with Autobiographical Sketch of Early Life; Braithwaite's Retrospect of Medicine, Vol. CXIV, 1896; Albert, E., Diagnostik der Chirurgischen Krankheiten; Snell, E. H., Compressed Air Illness; Holt, L. E., Diseases of Infancy and Childhood.

* * *

The Craze for Operating.

SOME surgeons think they are undeserving of their calling unless they can point with pride to case books filled with the records of operations and jars filled with various organs, while too often graves are filled with their patients.

It is not so much the technical skill and the modern instruments that make a surgeon celebrated as it is his good judgment and ability to forecast a prognosis which shall stand after the operation. It is well-known everywhere that many unnecessary operations are done, organs removed and exploratory laparotomies performed partly for the patient's good and partly to add to the surgeon's statistics.

An item is going the rounds of the medical press to the effect that a man who is in constant fear of becoming unconscious on the street and being carried to a hospital and operated on before a diagnosis has been made, wears sewed in a conspicuous place on his underclothes the inscription: "My appendix has been cut out," thus insuring himself against an operation for appendicitis.

This is probably the invention of some witty newspaper man, but it has its moral. Operations for diagnosis should not be undertaken without the best counsel and then not without some deliberation.

* * *

The Grippe Again.

WHATEVER the nature of the influenza organism is, it most certainly flourishes when the vapor of melting snow fills the air and the sun is covered by clouds. The Health Department of Baltimore reports almost twice as many deaths for this past week as for the week before and this increase is found to be largely due to diseases of the air passages. Bronchial troubles of all kinds and pneumonias are rife, and consumptives find life slipping away from them in the days of chill and widely varying temperature.

Baltimore has always been the center of brick manufacture and as this commodity is rather cheaper here than elsewhere, it has been utilized to a large extent for sidewalk paving. Any one who has noticed the life of snow on a brick and a stone or concrete pavement may notice how long the bricks hold the snow and how the porous clay holds the moisture.

Snow melts rapidly on a stone and asphalt pavement and when the sun shines, that kind of pavement is soonest dry. When the rains and snows are not wetting the bricks the householder is allowing the servant to soak the bricks with water. Thus Baltimoreans have damp sidewalks a large part of the day.

A reform in sidewalk paving and washing is needed in a city where lung troubles add so materially to the mortality.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending February 6, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		23
Phthisis Pulmonalis		29
Measles	1	
Whooping Cough	3	1
Pseudo-membranous Croup and Diphtheria	29	8
Mumps	7	
Scarlet fever	21	
Varioloid		
Varicella	1	
Typhoid fever	2	2

The Indian government has mounted nurses.

The Flint Club held its regular banquet last week.

Dr. W. D. Burfoot, a well-known Richmond physician, is dead.

Reading, Pa., physicians will have a new medical library.

Dr. H. O. Reik has removed his office to 5 West Preston Street.

The New York Polyclinic, lately destroyed by fire, will be rebuilt.

The International Congress of Psychologists will meet in Paris in 1900.

During the past ten years over 600 papers have been written on the tonsils.

The Hospital for Consumptives has re-elected its old staff for the ensuing year.

The Japanese intestine has been ascertained to be one-half longer than that of the European.

A coroner's jury censured the New York Board of Health for licensing midwives without an examination.

Two medical students have run foul of the law in attending two cases of diphtheria in Chicago, both children having died.

The American Society of Superintendents of Training Schools for Nurses had a successful meeting in Baltimore the past week.

Lister will be called Lord Lister. He may visit America to attend the British Medical Association at Montreal, next summer.

A German observer points out that by the use of the X rays, brick dust can be traced in Cayenne pepper sand in spices, and chalk in flour.

The fourth annual meeting of the Associated Health Authorities of Pennsylvania was held at Harrisburg on January 25 and 26.

New York boasts of a Flannel Shirt Club to clothe discharged patients. Baltimore has for years had a Cutting Out Club and Hospital Clothing Club.

The Queen of England has appointed Mr. Rickman John Godlie, F. R. C. S., Surgeon to the Household in Ordinary to her Majesty in place of Sir Spencer Wells, resigned.

Meeting of the Western Ophthalmological, Otological, Laryngological and Rhinological Association: Second Annual Meeting, St. Louis, Missouri, April 8, 9, 1897. Place of meeting, Planter's Hotel.

An exchange says that in over 200 operations for appendicitis only two fruit seeds were found in the appendix. Therefore, we may continue to swallow our peach stones, cherry pits and hickory nuts without fear.

The chairs of Anatomy, Clinical Surgery and Genito-Urinary Surgery are vacant at the Medico-Chirurgical College of Philadelphia. Only the chair of Anatomy is salaried. All applications should be addressed to Isaac Ott, dean.

Raleigh is to have the first free dispensary in the State of North Carolina. It will be opened at an early date in connection with the schools of medicine and pharmacy of Shaw University. It will furnish free advice and medicine to the needy and deserving colored people.

Electricity will serve to alleviate as well as to increase the horrors of war. The members of the ambulance corps in the French army have been provided with a means for the succor of the wounded at night on the battlefield. Each man of the relief corps will wear a little incandescent lamp in his hat, the current being produced by a small primary battery in his pocket. The wounded will be on the lookout for these electric Jack-o'-lanterns, and doubtless many lives will be saved by the quick assistance given.

Book Reviews.

INTERNATIONAL CLINICS. Edited by Judson Daland, M. D., J. Mitchell Bruce, M. D., F. R. C. P., David W. Finlay, M. D., F. R. C. P., etc. Volume III. Sixth series: 1896. Octavo, pp. xii—344. Philadelphia: J. B. Lippincott Co. 1896.

International Clinics contains a series of clinical lectures, some good and some very poor. They evidently found favor as the publication has continued for several years. There is nothing especial that can be said of this volume. It is attractive and contains a variety of matter, in places rather diffuse, but on the whole very good. Drs. Thomas S. Latimer and Wm. H. Welch of Baltimore unite in one lecture.

BACTERIOLOGICAL AND ANATOMICAL STUDY OF THE SUMMER DIARRHEAS OF INFANTS. By William D. Booker, M. D., Clinical Professor of Diseases of Children, Johns Hopkins University; Physician-in-charge of the Thomas Wilson Sanitarium for Sick Children. Reprint from the *Johns Hopkins Hospital Report*, Volume VI.

This is the second important publication of Booker on this subject and from it he has worked out a remarkable monograph. He tabulated and studied thoroughly all the cases of diarrhea and drew important conclusions as to the prevention and treatment. The author has worked long and faithfully on this subject and what he says should be received with the greatest confidence.

REPRINTS, ETC., RECEIVED.

A Clinical Study of Twenty-One Thousand Cases of Diseases of the Ear, Nose and Throat. By Seth S. Bishop, M. D., Chicago. Reprint from the *Journal of the American Medical Association.*

The Management and Treatment of Tuberculosis in the Asheville Climate. By James A. Burroughs, M. D., of Asheville, N. C. Reprint from the *North Carolina Medical Journal.*

Suspensio Uteri, with Reference to its Influence upon Pregnancy and Labor. By Charles P. Noble, M. D. Reprint from the *American Journal of Obstetrics.*

Prevention of Tuberculosis. By E. B. Borland, M. D. Reprint from the *Journal of the American Medical Association.*

Current Editorial Comment.

TYPHOID FEVER NURSING.

Medical Fortnighly.

THERE is perhaps no disease which requires more constant attention, patient watching and really hard work than nursing a typhoid patient. From experience as physician, nurse and patient, the writer believes that the nursing of the typhoid fever patient is the most important part of the battle. The many anxious days, the long hours of the night, and the protracted weeks, sometimes, of convalescence, require surveillance on the part of the nurse, which if assiduously carried out, give credit to a service which none can appreciate except those with experience.

SECRET REMEDIES.

Medical Standard.

IN all the wide realm of reputable medicine, there should be no shelter for a "remedy" which prates so loudly of its virtues while it conceals its identity under an assumed name and masquerades in a false disguise. Fanciful titles may be excused on the plea of commercial expediency or necessity in the identification of a given maker's products and in their protection against degrading substitutes or imitations, but no such plea can avail in justification of secrecy of composition. Superiority in quality is entitled to all possible protection, but secrecy of composition as certainly merits unqualified condemnation.

THE GENERAL PRACTITIONER.

Medical Review.

IT was rather a remarkable coincidence that two of the orators at the recent semi-centennial of the Academy of Medicine, in their efforts to touch upon subjects of vital interest to a general audience, should speak of the present and much-neglected claims of the general practitioner. President Cleveland, in sounding the praises of the old-school doctor who met all the emergencies of treatment in the last generation, implied a personal feeling of regret that the trustworthy and practical man, ready for every ordinary sickness, had virtually passed away with the times in which he had so usefully lived and had so prosperously thriven. Dr. Jacobi, in a more direct way, speaking for the actual needs of the medical practice of today and giving specialism its due meed of praise, expressed himself strongly in favor of reinstating the all-around man.

Publishers' Department.

Society Meetings.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets 2d and 4th Wednesdays, 8 P. M.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. W. S. GARDNER, M. D., President. CHAS. F. BLAKE, M. D., Corresponding Secretary.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. Meets 2d Mondays of each month at 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. HENRY B. DEALE, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. H. HOLDEN, M. D., Recording Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 2d Monday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. S. S. ADAMS, M. D., Recording Secretary.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. M. H. ANDERSON, 1st Vice-President. MRS. MARY F. CASE, Secretary.

WASHINGTON MEDICAL AND SURGICAL SOCIETY. Meets 1st Monday in each month. N. P. BARNES, M. D., President. W. F. BRADEN, M. D., Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

PROGRESS IN MEDICAL SCIENCE.

SPERMATORRHŒA.—Having a case of spermatorrhea of several years' standing, which came under my care about nine months ago, I prescribed the usual remedies, in this case, viz.: bromide of potash, ergot, ferrum, digitalis, belladonna and cimicifuga, with very unsatisfactory results. Seeing your preparation, Celerina, recommended for this affection, I procured some, and administered it in this case with such marked results after the use of the first bottle, that I immediately ordered two more bottles, which have entirely cured him of this affliction.—H. E. RAUB, M. D., Quarryville, Pa.

A PURE CHEMICAL MALT EXTRACT.—There is made in the United States one scientific extract of malt. It is pure and absolutely free from alcohol. This is corroborated by the fact that it is the only malt extract admitted into the Dominion of Canada free of alcoholic duty. This genuine malt extract is a useful medicine — not a beverage. There is nothing like it to digest starchy foods and thus increase the flesh. Being a nutriment itself, it rapidly builds up the strength of the patient. For nursing mothers it is a perfectly safe and rapidly efficient galactagogue. Containing no alcohol or other objectionable drug, its use may be continued indefinitely without the danger of forming a habit. It may be used as long as desired to nourish, tone and build up the system, and then left off without any reaction, craving or any other deleterious effect. In all wasting diseases it proves exceedingly valuable, repairing the waste and helping the patient toward recovery. Taken in hot water or hot milk before retiring, it is very efficient in relieving insomnia. This malt extract is so concentrated and powerful that the full dose is only from one to two tablespoonfuls. Hence, its great economy. Being the pure extract of malt alone, it combines favorably with other remedial agents, making many very desirable combinations, as with cascara, the hypophosphites, cod liver oil, etc. This is the malt extract contemplated by the old chemists, when malt first won its reputation, before the various alcoholic preparations were put out under that name to pander to a perverted appetite and ruin the reputation of a useful digestive and reconstructive agent. If you have been disappointed with the alcoholic and other impure malts, you are prepared to appreciate this one, Dukehart's Concentrated Extract of Malt and Hops.—*Medical Council*, January, 1897. [Any physician may receive a sample bottle by paying express charges. Mention MARYLAND MEDICAL JOURNAL.]

CLEANLINESS IN CATARRH.—Dr. Edwin Pynchon, in an article in the *Annals of Ophthalmology and Otology*, calls attention to the widely varying formulae of Dobell's Solution given by different authors, and incidentally mentions what is a really practical question in the treatment of naso-pharyngeal catarrh. Numerous preparations are widely advertised as adapted for cleansing purposes in the nasal cavity, and are possibly of real merit, but the price asked for the product is so exorbitant, that to people of moderate means the expense is a serious factor, while to the poor it is beyond their purse, and in each case, after the prescription has, perhaps, been filled once, they cease its use and go back to the home remedy of salt and water of varying strength and usually with disastrous results. The Seiler's tablets, made by different manufacturers, also vary in strength and composition, and our experience has taught us that several of those on the market can not be used without causing great smarting and even pain. The fluid used in cleansing the nasal cavities in both atrophic and hypertrophic rhinitis should be of about the specific gravity of the serum of the blood, and this is acquired in the solution advised by Dr. Pynchon, which is as follows:

℞.—Sodae Bicarb. . . 2 ounces.
Sodae Biborat. . . 2 ounces.
Listerine (Lambert's) 8 ounces.
Glycerine . . . 1½ pints.

One ounce of this formula added to a pint of water yields a bland and pleasant alkaline solution with a specific gravity of 1.015. The addition of the Listerine takes the place of the carbolic acid in the original formula and is a decided advantage, as it imparts a pleasant taste and is quite as efficacious as the acid. The common use of Listerine and water should be superseded by the addition of the alkaline solution given, and in the preparation thus made, we have all the advantages of any cleansing agent and it can be furnished at a price commensurate with all pockets.—*Atlantic Medical Weekly.*

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if used with a clean needle

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It never nauseates

when given by the mouth.

Dose: 5 to 30 minims.

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NOTICE—CAUTION.

The Success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these, *finds that no two of them are identical*, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, *in the property of retaining the strychnine in solution*, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. *Fellows.*"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) bear, can then be examined, and the genuineness—or othetwise—of the contents thereby proved.

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